Icon

Description automatically generatedGraphical user interface, text, application

Description automatically generated**Involvement Request Form**

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| **Please email your completed form to** [Involvement@cntw.nhs.uk](mailto:Involvement@cntw.nhs.uk) |

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| **Select the area of interest for Activity** | | | |
| Staff Training Sessions |  | Staff Recruitment |  |
| Working Groups |  | Hospital inspections |  |
| Research Projects |  | Sharing a personal story |  |

|  |  |
| --- | --- |
| Staff Member submitting request:  *(Name and email)* |  |
| Lead Officer for Involvement Activity:  *(if different to above)* |  |
| Description of involvement activity:  *(150 words max, clear and concise. No jargon or abbreviations)* |  |
| Would you like Service users/Carers/Peer Supporters? How many? |  |
| Date of involvement activity: |  |
| Duration of involvement activity:  *(hours/days)* |  |
| What would be the Contributors role in this activity? |  |
| Will there be any photography or filming for this request? |  |
| Location of Activity:  *(Microsoft Teams/venue)* |  |